

ARIZONA STATE BOARD OF NURSING (ASBN)

APPLICATION INSTRUCTIONS FOR RN / LPN LICENSURE BY ENDORSEMENT

(Applying for licensure when previously licensed in another state.)

Arizona is a Compact State. If your Primary State of Residency is in another Compact State (AZ, AR, CO, DE, ID, IA, KY, ME, MD, MS, NE, NH, NM, NC, ND, SC, SD, TN, TX, UT, VA, WI), you should not apply for licensure in AZ unless you are declaring AZ as your Primary State of Residency. (See www.ncsbn.org for a list of Compact States.)

FEES All fees submitted must be in US dollars and **ARE NOT REFUNDABLE**.

- The application fee is \$150.00; the fingerprint fee is \$43.00 for a total of \$193.00. The license is good for 4 years. If you have submitted fingerprints to the ASBN within the past 2 years, there is no need to resubmit a fingerprint card.
- An optional fee of \$35.00 is required for a temporary license (in addition to the application and fingerprint fee of \$193.00) for a total of \$228.00.
- Fees may be paid by money order or check. All personal checks **must** be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. **A \$50.00 fee will be charged for checks returned because of insufficient funds/stopped payment. In addition, non payment will result in an invalid license.**
- Personal checks drawn on banks out of the Continental US are not considered US Dollars and will not be accepted.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION REQUIRED: Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship/nationality/alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or has alien status, the applicant will not be eligible for licensure in Arizona. All applicants **must** submit documentation regarding their citizenship/nationality/alien status **with** their application. See attached list A & B for specific documentation required (pages 12-14). A copy of the documentation you submit must be on 8 ½ x 11 paper.

ADDRESS The **primary state of residence** address must be completed. This address must reflect where you vote, pay taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

OPTIONAL TEMPORARY LICENSE (form available in application packet)

- Applicants are eligible for a temporary license if they:
 1. Submitted a completed application, including a completed fingerprint card, and paid the applicable fees. (See Fingerprinting section, page 2.)
 2. Submitted a request for temporary license and paid applicable fee.
 3. Did not answer "yes" to questions about disciplinary actions or felonies.
 4. Included a copy of a current license in good standing from another state or territory of the U.S.
 5. Passed NCLEX or SBTPE.
 6. Have no disciplinary actions noted in databank.
 7. Practiced as a nurse for 960 hours or more in the past 5 years **or** completed an Arizona Board approved refresher course in the past 5 years **or** obtained an advanced nursing degree in the past 5 years, **or** graduated from a nursing program in the past 5 years.
 8. Armed Forces Nurses – Military transcripts. **OR**
Provide documentation that you have enrolled in an Arizona Board approved refresher course. (The temporary license would be "for refresher course only.")

ATTENTION: Fee for obtaining a temporary RN/LPN license within 48 hours is **\$50.00 for a total of \$243.00.**

NOTE: The 48 hour option should be utilized **only for emergency purpose.**

1. **You hand carry** to the Board office a completed application, including a completed fingerprint card and applicable fees.
 2. **You** have written documentation on employer's letterhead stating a specific hire date starting within 7 days.
 3. **You** meet all the requirements making you eligible for a temporary license. (see previous paragraph)
 4. You have **NOT** mailed in an application to the Board for the same licensure.
(Applications for temporary licenses that are mailed to AZBN are processed in the order they are received.)
- Before a temporary license can be issued to a Foreign Graduate, a copy of the letter from CGFNS/IERF/ERES stating the ID # must be provided to AZBN.
 - If you apply by mail and qualify for a temporary license, allow approximately **1-2 weeks** for processing. The temporary license will be mailed to the address on your application. A temporary license can be held at the Board office for you to pick up, if you submit a written request with your application. The temporary license expires in 6 months. If the results of your fingerprint check show a positive criminal history, an investigation may be initiated and your temporary license will not be extended until the investigation is complete. Investigations may take 6 months.

- If you receive a temporary license and have not received a permanent license at least 10 days before the temporary license is due to expire, call the Endorsement Office, Paula Delphy (602) 889-5192 to request an extension. Permanent licensure may take 1-2 months.

FELONY CONVICTIONS Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

FINGERPRINTING

- Pursuant to A.R.S. § 32-1606(B)(15), each applicant for initial licensure is required to submit a full set of fingerprints with the completed application.
- If you download an application off of the website (www.azbn.gov) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- A temporary license will **not** be issued until a completed application **AND** a completed fingerprint card is received.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. You cannot receive permanent licensure until these results are received.

VERIFICATION OF YOUR ORIGINAL LICENSE

1. Complete the NURSIS verification form if your **original** state of licensure is listed, and send it to National Council of State Boards of Nursing. (This includes foreign educated nurses who are licensed in the US). National Council will return the verification directly to the Arizona State Board of Nursing.
2. For all other states not listed specifically on the NURSIS form, complete the Arizona State Board of Nursing Verification Form (page 8) and correct fee to your **original state** of licensure. (This includes foreign educated nurses who are licensed in the US). The original state will return the verification form directly to the Arizona State Board of Nursing. **FAXES ARE NOT ACCEPTED.**
3. Most states require a fee for verification of licensure. Check with your original state of licensure to find out the appropriate fee **BEFORE** sending the verification form (list of addresses of state boards included in this packet).
4. It is **YOUR** responsibility to ensure that the Arizona State Board of Nursing receives the verification form from your original state of licensure. A permanent license cannot be issued without this verification form.

SOCIAL SECURITY NUMBER

Pursuant to R4-19-301A.1. (e) and R4-19-806A.1. (d), of the Arizona State Board of Nursing Nurse Practice Act, a social security number is required for identification purposes and will be kept confidential.

TIME FRAMES FOR LICENSURE

The Board is required to process applications for licensure within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure. This time period includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

LICENSING TIME FRAMES TABLE

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
(WITHOUT INVESTIGATION)						
By Endorsement	R4-19-302	150 days	30 days	270 days	120 days	150 days
Temporary License	R4-19-303	60 days	30 days	60 days	30 days	90 days
(WITH INVESTIGATION)						
By Endorsement	R4-19-302	270 days	30 days	270 days	240 days	150 days
Temporary License	R4-19-303	90 days	30 days	60 days	60 days	90 days

Please NOTE: When you submit an application, the Board will send you a deficiency notice identifying elements of the application process which remain outstanding. For assistance with the application process for licensure, call Paula Delphy (602) 889-5192. If you fail to respond to a deficiency notice within the applicable time period, your application will be withdrawn. If you are still interested in obtaining licensure, you must submit a new application and applicable fees.

REQUIREMENTS FOR LICENSURE BY ENDORSEMENT IN ARIZONA

If you have previously been licensed in AZ, you need to complete a renewal application, **NOT** an endorsement application.

PROFESSIONAL NURSES EDUCATED IN USA OR TERRITORIES

To be eligible for RN licensure you must:

1. Hold a Diploma, Associate Degree or Baccalaureate Degree in Nursing from an approved program.
NOTE: Nurses educated in the Armed Forces must meet this requirement.
2. Have a passing score on the National Council Licensure Examination (NCLEX-RN), **or** have a score of 1600 on the NCLEX-RN®, if the examination was taken prior to July 1988, **or** have a score of not less than 350 on each part of the State Board Test Pool Examination (SBTPE) for professional nurses.
3. Previous or current license in another state or territory.
4. Have practiced as a nurse for 960 hours or more in the past 5 years **or** has completed an Arizona Board approved refresher course in the past 5 years **or** obtained an advanced nursing degree (i.e. RN → BSN, masters or doctorate) in the past 5 years, **or** have graduated from a nursing program within the past 5 years.
5. Excelsior graduates enrolled after 9/1/06, who have not practiced for 960 hours as an RN in another state must request the school to submit transcripts directly to ASBN showing completion of 120 hours Clinical Nursing Course.
6. Military programs designed to prepare persons for positions as corpsmen or technicians are not approved programs for licensure in Arizona.

PRACTICAL NURSES EDUCATED IN USA OR TERRITORIES

To be eligible for LPN licensure you must:

1. Hold a Diploma or Certificate from an approved practical nursing program.
2. Have a passing score on the National Council Licensure Examination NCLEX-PN, **or** have a score of not less than 350 on the NCLEX-PN, if the examination was taken prior to October 1988, **or** have a score of not less than 350 on the State Board Test Pool Examination (SBTPE) for practical nurses.
3. Previous or current license in another state or territory.
4. Have practiced as a nurse for 960 hours or more in the past 5 years **or** have completed an Arizona Board approved refresher course in the past 5 years **or** have obtained an advanced nursing degree (i.e. LPN → RN).

Exceptions to the practical nurse requirements above:

1. The first SBTPE for Vocational Nurses given in the state of **TEXAS** was in 1952 for one year only. From 1953 through 1967, a state constructed exam was given. Texas started the SBTPE again in 1968. Vocational Nurses therefore must have taken the examination in **1952** or **1968** to the present. If the applicant did not take and pass the examination in 1952 and has not taken and passed the examination since 1968, the applicant must request an application for examination.
2. Vocational Nurses requesting endorsement to Arizona from **CALIFORNIA** may be accepted if they took the SBTPE and passed before **June 1974** or the NCLEX-PN® after **April 1986**. If the applicant did not take and pass the SBTPE before June of 1974, and the applicant did not take and pass the NCLEX-PN® after April of 1986, the applicant must request an application for examination.
3. State Board Constructed Exams in **any** State or US territory are not accepted in Arizona.
4. **Armed Forces Practical Nurses:** (Transcripts required to verify)
Graduates from the School of Health Sciences at Sheppard **Air Force** Base, Texas between **1970** and **1976** were approved by the National League for Nursing. Vocational nurse applicants are eligible for licensure by endorsement if they graduated in the above years and passed the SBTPE.

If the candidate graduated from the **Army** Practical Nurse Program (1 Year) at Fort Sam Houston, Texas, and passed the SBTPE or the NCLEX-PN®, then the program is accepted by the Arizona State Board of Nursing and applicants are eligible for licensure by endorsement.

The **Navy** has never applied for approval of a Practical Nurse Program to the Arizona State Board of Nursing; therefore applicants are not accepted into Arizona by endorsement.

For permanent RN or LPN licensure in AZ, the Board must receive:

(Processing may take 1-2 months)

- A completed application and fees
- Verification of licensure from your original state of licensure
- Discipline in another State or Territory
- Fingerprint results from the Arizona Department of Public Safety and the FBI
- Board approval for applicants who were investigated

If you have ever had disciplinary action taken against your license, you must provide ASBN with this information regarding the action taken, i.e. letter, consent agreement etc. This may delay licensure in Arizona.

REQUIREMENTS FOR RN/LPN ENDORSEMENT APPLICANTS

EDUCATED IN A FOREIGN COUNTRY (Including Canada and *Puerto Rico)

(Note: Endorsement means nurses who are licensed in another US state or Territory and wish to apply for licensure in Arizona.)

FOR A PROFESSIONAL OR PRACTICAL NURSE TO OBTAIN LICENSURE BY ENDORSEMENT YOU MUST MEET THE REQUIREMENTS LISTED FROM A → F.

It is to your advantage not to apply for licensure until you have completed the validation of education requirements process or received a copy of the evaluation report. Because these processes are lengthy, the timeframe for your application may expire before the information is received.

A. Validation of Educational Requirements

- Request an application from Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain one of the following:
 1. The Health Care Professionals Course by Course Report
 2. The Full Education Course by Course Report
 3. VISA screen certificate
 4. CGFNS Certification (Option not available for foreign educated practical nurses.)

If you choose to obtain 1, 2, 3, or 4, please note that a temporary license will not be issued unless the Arizona State Board of Nursing has received a CGFNS ID number (assigned by CGFNS upon receipt of your application to CGFNS) verifying you have applied to CGFNS.

If you have requested a CES report (i.e., option #1 or 2) you will be sent a copy of the report when a copy is sent to AZBN. CGFNS does not send a copy of the VISA screen or the CGFNS certification to you (i.e., option #3 or 4).

OR

- Request an application from International Education Research Foundation (IERF) to complete an educational equivalency report. IERF will send you a copy of the report when a copy is sent to ASBN.

OR

- Request (or download) an application from Educational Records Evaluation Services (ERES) to complete an Education Evaluation for Nursing Licensure. ERES will send you a copy of the report when a copy is sent to ASBN.

OR

- Have the Canadian licensure board submit a passing score on the English language version of the CNATS or CRNE (Canadian Licensure Exam) and verification of Canadian licensure status directly to ASBN.

B. Validation of English Language Skills

- If you have graduated from a nursing program in a country or territory where the principle language is English, i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territory, you do not need to validate your English language skills.
- If the principal language of the country where your nursing program was given is a language other than English, you are required to obtain one of the following options. All test results must be sent by the testing company directly to ASBN.

**Commission on Graduates
of Foreign Nursing Schools**
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Phone: 215-349-8767
Website: www.cgfns.org

**International Education Research
Foundation**
P.O. Box 3665
Culver City, CA 90231
Phone: 310-258-9451
Fax: 310-342-7086
E-mail: information@ierf.org
Website: www.ierf.org

**Educational Records Evaluation
Services**
601 University Avenue, Suite 127
Sacramento, CA 95825-6738
Phone: 916-921-0791
Toll-free: 866-411-ERES
Fax: 916-921-0793
Email: edu@eres.com
Website: www.eres.com

1. Test of English as a Foreign Language (**TOEFL**) – minimum score of 207 on the computer based version AND **Test of Spoken English (TSE)** – minimum score of 50.

OR

Paper-based **TOEFL** – minimum score of 540 **AND** **Test of Spoken English (TSE)** – minimum score of 50.

OR

The Internet-Based (**iBT**) **TOEFL** – minimum score of 76.

To have results sent to Arizona State Board of Nursing, use the code 9680 when completing your application.

For TOEFL and TSE Testing Information Contact

Educational Testing Services
PO Box 6151
Princeton, NJ 08541-6151 USA

Phone: 1-877-863-3546
Fax: 1-609-771-7500
Email: TOEFL@ETS.org
Website: www.toefl.org

OR

2. International English Language Test Service Academic Examination (**IELTS**) – minimum score of 6.5 on the Overall Band Score and 7.0 on the Speaking Score.

For IELTS Testing Information Contact

IELTS, INTERNATIONAL
825 Colorado Boulevard, Suite 112
Los Angeles, CA 90041

Phone: 1-323-255-2771
Fax: 1-323-255-1261
Email: ielts@ieltsintl.org

OR

3. Test of English in International Communication (**TOEIC**) – minimum score of 725 AND Test of Spoken English (**TSE**) – minimum score of 50.

For TOEIC Testing Information Contact

TOEIC Testing Program
Educational Testing Service
Rosedale Road
Princeton, NJ 08541

Phone: 1-609-771-7170
Fax: 1-609-734-1560
www.TOEIC@ets.cin

OR

4. Visa Screen Certificate from **CGFNS** (see prior information to contact CGFNS)

OR

5. A **CGFNS Certificate** AND a score of 50 on the Test of Spoken English (**TSE**).

OR

6. Evidence of being employed as a nurse for at least 960 hours within the past 5 years in a country or territory where the principal language is English i.e. Australia, United Kingdom, New Zealand, Canada (except Quebec), Ireland, Trinidad, Tobago, South Africa, Jamaica, Barbados, or United States/Territory. (Copy of work records can be included with your applications.)

NOTE: Validation of educational and language requirements must be received from the original source. Copies of certification, reports, and English Language Test results submitted by the applicant are not sufficient to validate completion of the requirements.

C. Validation of Practice

- Has practiced nursing for a minimum of 960 hours in the 5 years before the date on which the application was received.

OR

- Has completed a nursing education program and obtained a degree within past 5 years.

OR

- Has satisfactorily completed an Arizona Board approved refresher course within the past 5 years. (Go to – www.azbn.gov for list of approved refresher courses.)

OR

- Obtained an Advanced Nursing degree or Advance Practice Certificate within the past 5 years (i.e. RN →BSN, masters, or doctorate).

D. Passed NCLEX-RN or PN or State Board Test Pool Examination (SBTPE) **

****If you have passed the SBTPE in Canada, between certain dates you will have met the testing requirement.**

Province	First Administered	Last
Alberta	1954 (September)	1970 (June)
British Columbia	1949 (September)	1970 (April)
Manitoba	1955 (October)	1970 (April)
New Foundland	1961	1970
Nova Scotia	1955 (May)	1970 (August)
Prince Edward Island	1957	1970 (August)
Quebec	1959 (April)	1970 (August)
Saskatchewan	1956 (April)	1970 (April)

Nurses educated in a foreign country and have not passed NCLEX or SBTPE may apply for licensure by examination.

- E. Submit proof of licensure** as a graduate registered professional nurse or licensed practical nurse in another state or US territory. This verification must be sent directly to the Arizona State Board of Nursing from your state of **original** licensure.
- F. Submit a completed application packet** including appropriate fees (US dollars), fingerprint card (**only** use card enclosed in application packet).

To obtain an application for RN/LPN ENDORSEMENT
go to our Website and download an application.

www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200, Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: arizona@azbn.gov

***APPLICANTS EDUCATED IN PUERTO RICO:**

Applicants who have graduated **before 9/15/06 AND** their nursing program has a program code assigned by the National Council State Board of Nurses, are eligible to apply for licensure by exam and endorsement. They are NOT required to complete validation of education or language requirement.

Applicants who have **graduated after 9/15/06** are required to request a report from CGFNS/IERF/or ERES (validating their educational requirements) be sent directly to AZBN as well as Validation of English Language requirement.

TO FIND OUT THE STATUS OF YOUR APPLICATION

(ALLOW 7-10 days after mailing application)

GO TO www.azbn.gov/onlineverification.asp

1. Enter either your Name or License number
2. Click “Verify”
3. Select “View”
4. License status: Identifies what is still needed in order to issue your license (i.e. Pending – Fingerprint results)

VERIFICATION FORM**ARIZONA STATE BOARD OF NURSING****4747 N. 7TH STREET, SUITE 200****PHOENIX, AZ 85014-3653 (602) 889-5150 FAX (602) 889-5155 Allow 4 weeks for verification to be received by AZ.****PART I:** To be completed by **applicant** and mailed to the State Board of Nursing where **originally** licensed in another state or territory of the United States.**NAME:** Last First Middle Previous Name(s)**ADDRESS:** Street City State Zip**NAME UNDER WHICH YOU WERE ORIGINALLY LICENSED:** **DATE OF BIRTH:** **SOCIAL SECURITY NO:****GRADUATION DATE:** **LICENSE NO.:** **ORIGINAL STATE OF LICENSURE:****PART 11:** (To be completed by **original licensing board** and returned directly to the Arizona State Board of Nursing). *Please note that most boards charge a fee for this service.*

License No.	Date of Issuance	Expiration Date	Issued by:
_____	_____	_____	Exam: <input type="checkbox"/>
			Endorsement: <input type="checkbox"/>
			Waiver: <input type="checkbox"/> Has any disciplinary
			action been taken against
			this license? No <input type="checkbox"/> Yes <input type="checkbox"/>

If yes, date and action: _____

Are there any complaints or disciplinary actions pending? No ☐ Yes ☐Is licensee a graduate of an approved school of nursing? No ☐ Yes ☐Name and location of Nursing Program: _____

Graduate Date: _____ Original name of Licensee: _____

License Status: Current ☐ Inactive ☐ Lapsed ☐**STATE BOARD TEST POOL EXAMINATION (SBTPE) OR NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX)**

Registered Nurse Test Series Number _____ NCLEX _____

MEDICAL

PSYCHIATRIC

OBSTETRICAL

SURGICAL

NURSING OF CHILDREN

PRACTICAL NURSE TEST FORM NUMBER: _____ **SCORE:** _____

Number of times candidate wrote examination: _____

It is hereby certified that the facts are stated from official evidence on file in the office of the undersigned in relation to the individual named above.

Signature: _____ DATE _____

Board Seal

Title: _____

State Board of Nursing

PLEASE CONTACT APPROPRIATE BOARD FOR CURRENT FEES REQUIRED ON VERIFICATION

ALABAMA

RSA Plaza, Ste 250
770 Washington Ave
Montgomery, AL 36130-3900
(334) 242-4060
800-656-5318

ALASKA

Div Of Occup Licensing
550 W 7th Ave Ste 1500
Anchorage AK 99501-3567
(907) 269-8161

AMERICAN SAMOA

American Samoa Health Service
Regulatory Bd.
LBJ Tropical Med Ctr
Pago Pago, AS 96799
(011) (684) 633-1222

ARIZONA

4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
(602) 889-5150

ARKANSAS

University Tower Bldg
1123 S. University
Suite 800
Little Rock, AR 72204
(501) 686-2700

CALIFORNIA

CA Bd of Registered Nrsrg
400 R Street #4030
Sacramento, CA 95814
(916) 322-3350
CA Bd of Vocational Nrsrg &
Psychiatric Technicians
2535 Capitol Oaks Dr
Suite 205
Sacramento, CA 95833
(916) 263-7800

COLORADO

1560 Broadway, Ste 880
Denver, CO 80202
(303) 894-2430

CONNECTICUT

Board of Examiner for Nrsrg
PO Box 340308
Hartford, CT 06134-0328
(860) 509-7624

DELAWARE

861 Silver Lake Blvd
Cannon Building, Ste 203
Dover, DE 19904
(302) 739-4522

DIST. OF COLUMBIA

DC Board of Nursing
717 14th St, NW, Ste 600
Washington, DC 20005
(202) 724-4900
(202) 727-8471 (fax)

FLORIDA

4052 Bald Cypress Way,
BIN C02
Tallahassee, FL 32399
(850) 245-4125

GEORGIA

237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-1640

GUAM

Bd of Nurse Examiners
PO Box 2816
Hagatna, GU 96932
(011) (671) 435-7406

HAWAII

Board of Nursing
Professional & Vocational
Licensing Division
PO Box 3469
Honolulu, HI 96813
(808) 586-2695

IDAHO

280 N 8th St, #210
PO Box 83720
Boise, ID 83720
(208) 334-3110

ILLINOIS

Dept of Prof Regulation
James R Thompson Ctr
100 W Randolph, #9-300
Chicago, IL 60601
312-814-2715

INDIANA

Health Professions Bureau
402 W. Washington St.,
Room - W066
Indianapolis, IN 46204
(317) 234-2043

IOWA

River Point Business Park
400 SW 8th Street, Ste B
Des Moines, IA 50309-4685
(515) 281-3255

KANSAS

Landon State Office Bldg
900 SW Jackson, #1051
Topeka, KS 66612
(785) 296-4929

KENTUCKY

312 Wittington Parkway
Suite 300
Louisville, KY 40222
(502) 429-3300

LOUISIANA

Bd of Practical Nurse
Examiners
3421 N. Causeway Blvd.,
Suite 505
Metairie, LA 70002
(504) 838-5791

LOUISIANA

LA RN Bd of Nursing
5207 Essen Lane, #6
Baton Rouge, LA 70809
(225) 763-3570 or
(225) 763-3577
Fax: (225) 763-3580

MAINE

158 State House Station
Augusta, ME 04333
(207) 287-1133

MARYLAND

4140 Patterson Ave.
Baltimore, MD 21215
(410) 585-1900

MASSACHUSETTS

Bd of Registration of Nrsrg
Commonwealth of MA
239 Causeway St, 2nd Fl
Boston, MA 02114
617-973-0800
800-414-0168

MICHIGAN

MI/DCH/Bureau of Hlth
Professions
Ottawa Towers North
611 W. Ottawa, 1st Fl
Lansing, MI 48933
(517) 335-0918

MINNESOTA

2829 University Ave SE
Minneapolis, MN 55414-
3253
(612) 617-2270

MISSISSIPPI

1935 Lakeland Dr Ste B
Jackson, MS 39216-5014
(601) 987-4188

MISSOURI

3605 Missouri Blvd
PO Box 656
Jefferson City, MO 65102
(573) 751-0681

MONTANA

301 S Park
PO Box 200513
Helena, MT 59620
(406) 841-2340

NEBRASKA

DHHS Reg & Licensure
Nursing & Nrsrg Support
301 Centennial Mall S
Lincoln, NE 68509-4986
(402) 471-4376

NEVADA

5011 Meadowood Mall, #201
Reno, NV 89502-6547
775-688-2620

NEW HAMPSHIRE

21 S Fruit Street, #16
Concord, NH 03301-2431
(603) 271-2323

NEW JERSEY

124 Halsey St, 6th Fl
PO Box 45010
Newark, NJ 07101
(973) 504-6586

NEW MEXICO

6301 Indian School Rd, NE,
Suite 710
Albuquerque, NM 87110
(505) 841-8340

NEW YORK

Education Building
89 Washington Ave
2nd Floor West Wing
Albany, NY 12234-1000
(518) 474-3817 ext 280

NORTHERN MARIANA ISLANDS

Commonwealth Board of
Nurse Examiners
PO Box 501458
Saipan, MP 96950
(011) (670) 664-4812

NORTH CAROLINA

3724 National Dr, Ste 201
Raleigh, NC 27602
(919) 782-3211

NORTH DAKOTA

919 S. 7th St., Suite 504
Bismarck, ND 58504
(701) 328-9777

OHIO

17 S High St., Suite 400
Columbus, OH 43215-3413
(614) 466-3947

OKLAHOMA

2915 N. Classen Blvd.,
Suite 524
Oklahoma City, OK 73106
(405) 962-1800

OREGON

800 NE Oregon St.,
Box 25, Suite 465
Portland, OR 97232
(971) 673-0685

PENNSYLVANIA

PO Box 2649
Harrisburg, PA 17101
(717) 783-7142

PUERTO RICO

Commonwealth of Puerto Rico
Board of Nurse Examiners
800 Roberto H Todd Ave
Room 202, Stop 18
Santurce, PR 00908
(787) 725-7506

RHODE ISLAND

Registration & Nrsrg Educ
105 Cannon Building
Three Capitol Hill
Providence, RI 02908
(401) 222-5700

SOUTH CAROLINA

110 Centerview Dr., #202
PO Box 12367 (Zip 29211)
Columbia, SC 29210-2367
(803) 896-4550

SOUTH DAKOTA

4305 S. Louise Ave, #201
Sioux Falls, SD 57106-3115
(605) 362-2760

TENNESSEE

Cordell Hull Bldg, 1st Fl
426 5th Ave. North
Nashville, TN 37247-1010
(615) 532-5166

TEXAS

Board of Nurse Examiners
333 Guadalupe, Ste 3-460
Austin, TX 78701
(512) 305-7400

UTAH

Heber M. Wells Bldg
160 E 300 South 4th Flr
Salt Lake City, UT 84111
(801) 530-6628

VERMONT

Heritage Bldg
81 River St
Montpelier, VT 05609
(802) 828-2396

VIRGIN ISLANDS

Veterans Drive Station
St. Thomas, VI 00803
(340) 776-7397

VIRGINIA

6603 W. Broad St., 5th Fl
Richmond, VA 23230
(804) 662-9909

WASHINGTON

WA State Nrsrg Care QA
Commission, Dept of Hlth
HPQA #6
310 Israel Rd SE
Tumwater, WA 98501
(360) 236-4700

WEST VIRGINIA

WV State Bd of Examiners
for LPNs
101 Dee Drive
Charleston, WV 25311
(304) 558-3572

WV State Bd of Examiners for RPNs

101 Dee Drive
Charleston, WV 25311
(304) 558-3596

WISCONSIN

WI Dept of Reg & Lic
1400 E. Washington Ave.
Rm 173
Madison, WI 53708
(608) 266-0145

WYOMING

1810 Pioneer Ave
Cheyenne, WY 82001
(307) 777-7601
Verify: 877-626-2681



FORM INSTRUCTIONS

1. Complete the NURSYS form ONLY if you were **originally** licensed in one of the states listed below. AZ requires verification from your state of **original** license. If you do not need verification of a license from a state listed below, do NOT complete this form. Instead, contact your state board of nursing for verification.

Alaska (AK)	Florida (FL)	Maine (ME)	Missouri (MO)	New Hampshire (NH)	South Carolina (SC)	Vermont (VT)
Arizona (AZ)	Idaho (ID)	Maryland (MD)	Montana (MT)	North Carolina (NC)	South Dakota (SD)	Virginia (VA)
Arkansas (AR)	Indiana (IN)	Massachusetts (MA)	Nebraska (NE)	North Dakota (ND)	Tennessee (TN)	Washington (WA)
Colorado (CO)	Iowa (IA)	Minnesota (MN)	New Jersey (NJ)	Ohio (OH)	Texas (TX)	West Virginia (WV) - PN
Delaware (DE)	Kentucky (KY)	Mississippi (MS)	New Mexico (NM)	Oregon (OR)	Utah (UT)	Wisconsin (WI)

2. Only boards of nursing within the United States have access to Nursys. If you need verification of license from a foreign country, please contact your state board of nursing. If you need verification to an agency other than a state board of nursing, please contact your state board.
3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to. **Fees are non-refundable.**

All payments must be in guaranteed funds The only acceptable forms of payment are: Certified Checks Cashier's Checks Money Orders Made Payable to <u>NCSBN</u>	Return this completed form with payment to: National Council of State Boards of Nursing 35331 Eagle Way Chicago, IL 60678-1353 DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING
--	--

DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks.

5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys by the end of the next business day of receipt at the National Council. The verification report will remain in Nursys for 90 days, after which it expires. When the Board of Nursing receives your Endorsement Application, the board will access Nursys to verify and licenses held in the states listed in number 1 above. No paper reports are sent from the NCSBN.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the NCSBN.
8. NURSYS information is updated monthly from the participating nursing boards as listed in number 1 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in NURSUS for license verification.
9. If you have questions regarding this form, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.



LICENSE VERIFICATION REQUEST FORM



Please use blue or black ink. See reverse side for who needs to complete this form and instructions.

PERSONAL INFORMATION

Soc. Security		Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:	
Maiden Name:	Date of Original License (if within last 6 months)		
Street Address:			
City:	State:	Zip/Post Code:	
Country:	Home Phone:	Work Phone:	

ENDORSEMENT INFORMATION

List the license types that you need verified

License Type
(check one)

LPN:

☐

RN:

☐

Both LPN & RN:

☐

Total
Verification Fee

\$30.00

\$30.00

\$60.00

Fees are not refundable

Acceptable forms of payment: **CERTIFIED CHECK
CASHIER'S CHECK OR MONEY ORDER.**

Made payable to: NCSBN

DO NOT SEND cash, personal checks, business checks, or
travelers checks.

LICENSE INFORMATION

List all license that you have ever held

	Jurisdiction/State	RN License Number	PN License Number
Original	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____

States applying to: _____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary and related information in **Nursys** for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$_____ in guaranteed funds is attached.

Send this form to National Council of State Boards of Nursing.

Signature _____ Date _____

Mail this form to:
National Council of State
Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

RNs/LPNs/APs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ Citizenship/Nationality/Alien Status documentation is attached to your application.
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, **add \$35** for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE APPLICANTS

- | | | |
|---|--|---|
| <input type="checkbox"/> \$135 – Nurse Practitioner fee for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <input type="checkbox"/> \$125 – Prescribing & Dispensing Authority fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <input type="checkbox"/> \$100 – Clinical Nurse Specialist fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) |
| <input type="checkbox"/> \$100 – CRNA Prescribing fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <input type="checkbox"/> \$35 – School Nurse <u>initial</u> certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <input type="checkbox"/> \$25 – School Nurse <u>renewal</u> certification fee |
| | | <input type="checkbox"/> \$43 – Fingerprint fee |

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

REQUEST FOR TEMPORARY LICENSE/AP CERTIFICATE

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150 FAX (602) 889-5155

THIS REQUEST MUST EITHER ACCOMPANY AN APPLICATION OR AN APPLICATION
MUST ALREADY BE ON FILE.

Fee for Temporary License/Certificate is \$35 / Fee for a Temporary RN/LPN License within 48/hrs is \$50 - **NOTE: The 48 hours option should be utilized only for emergency purpose. Application and all supporting documents MUST be hand carried to Board Office.**

Name _____
LAST FIRST

Date of Birth: _____ - _____ - _____
MO DAY YEAR

Address _____

Phone # _____

Soc. Sec Number: _____ - _____ - _____
(Mandatory)

Are you applying for? ☐ RN or ☐ LPN ☐ Endorsement or ☐ Examination ☐ Refresher Course

ADVANCED PRACTICE: ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Clinical Nurse Specialist

You are eligible for a temporary license if you meet the following requirements for your application type.

Note: Citizenship documentation is required for all applicants – don't forget to include documents to show your citizenship/nationality/alien status with your application.

ENDORSEMENT APPLICANTS

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have "yes" answers to questions on the last page of the application
- Have included a copy of a current license in good standing in another state
- Passed NCLEX or SBTPE
- No disciplinary action in Databank
- Must have practiced as a nurse for 960 hours or more in the past 5 years, or completed an Arizona Board approved refresher course within the past 5 years or obtained an advanced nursing degree in the past 5 years
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number
- Educated in the Armed Forces – transcripts required
- Excelsior Graduates – transcripts required

EXAMINATION APPLICANTS

- Have submitted an application, fingerprint card, and fees for licensure
- Do not have "yes" answers to questions on the last page of the application
- Have passed NCLEX
- Have negative fingerprint results from AZ Department of Public Safety

APPLICANTS REQUIRING A REFRESHER COURSE

- Have submitted application and fee for licensure
- Have submitted copy of enrollment in an Arizona Board approved refresher course to the board.
- Have passed NCLEX / SBTPE
- If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS/IERF/ERES with ID number (for endorsement applicants only)

ADVANCED PRACTICE APPLICANTS (Includes Nurse Midwives)

1. **Endorsement** applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) have been issued a temporary Arizona RN license and are waiting for permanent Arizona RN licensure.
2. **New graduate** AP applicants who have met all of the requirements for Advanced Practice certification (listed on instructions) and are awaiting national certification, must:
 - Request certifying agency to send verification that you have applied for and are eligible to take or have taken an advanced practice certifying examination in their category or specialty area of practice. Verification must come directly from the certifying agency, directly to AZBN.

ADVANCED PRACTICE NEW GRADUATE APPLICANTS ONLY:

I attest that I have submitted written authorization to the certifying body to release my examination results to Arizona State Board of Nursing.

Advanced Practice New Graduate Applicant

- **Fees are not refundable.**
- A \$50.00 fee will be charged for checks returned because of insufficient funds.
- **All** personal checks must be pre-printed with your name and address; starter checks will not be accepted.
- Out of country personal checks are not considered US Dollars and will not be accepted.
- If all requirements for a permanent license are met before a temporary license is issued, a permanent license will be issued.

Applicant Signature

Date



ARIZONA STATE BOARD OF NURSING
REGISTERED NURSE/PRACTICAL NURSE
LICENSURE BY ENDORSEMENT

SELECT THE LICENSE(S) YOU ARE APPLYING FOR:

- ☐ RN ☐ LPN ☐ Temporary License (refer to the last page*)
☐ Advanced Practice Certificate (separate application)

NOTE: * If you were previously licensed in Arizona as an RN or LPN, you need to complete a renewal application to activate your RN or LPN license
* Check the instructions for appropriate fees
* Processing can take 1-2 months for permanent licensure

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

1. APPLICANT'S NAME

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Former Last Name(s)	
<input type="text"/>	

2. SOCIAL SECURITY NUMBER

- -

BIRTH DATE (month/day/year)

/ /

SEX (optional)

Male ☐ Female ☐

BIRTH CITY

STATE

COUNTRY (ex. USA)

3. PRIMARY STATE OF RESIDENCE ADDRESS (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2	County of Residence	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. MAILING ADDRESS (If different than Home Address)

Street Address Line 1		
<input type="text"/>		
Street Address Line 2		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. HOME PHONE

() -

CELL PHONE

() -

OFFICE USE ONLY

NURSIS Results License # _____

☐ Neg ☐ Pos

Initials _____

Issue Date ____ / ____ / ____

RLA

6. **TESTING INFORMATION**

In what state or territory did you obtain your **original** license?

What was your original license number?

What was the date of your state exam?

Did you test more than 1 time?

☐

No

☐

Yes

If yes, how many times?

Which test did you take?

☐

SBTPE

(This test was given before 7/1/82)

☐

NCLEX

(This test was given after 7/1/82)

Passing the
SBTPE or
NCLEX test
is required
for licensure
in Arizona.

7. **ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?

☐

No

☐

Yes

If yes, did you receive a permanent Arizona license?

☐

No

☐

Yes

If yes, when

8. **NURSING PROGRAM ATTENDED**

Name

City

State

Zip Code

Degree

☐

Licensed Practical Nurse

☐

RN Diploma

☐

RN Associates Degree

☐

BSN

☐

RN Masters

Date of Graduation
(month/year)

9. **COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD**

(If different than Nursing Program)

Name

City

State

Zip Code

Degree:

☐

Licensed Practical Nurse

☐

RN Diploma

☐

RN Associates Degree

☐

BSN

☐

Bachelors Non-Nursing

☐

Masters-Nursing

☐

Masters Non-Nursing

☐

Doctorate

☐

Certification

☐

*CRNA

Date of Graduation
(month/year)

*To work as a CRNA in Arizona you must complete a CRNA application

10. **Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)**

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification
(month/year)

Expiration Date
(month/year)

11. **EMPLOYMENT STATUS**

☐

Employed

☐

Not Employed

Employed in Nursing

Employment in a field other than Nursing

PRN/Pool/Registry

Traveler

☐

Full Time

☐

Full Time

☐

Yes

☐

Yes

☐

Part Time

☐

Part Time

☐

No

☐

No

Average number of hours worked per week as a nurse?



12. LICENSE INFORMATION List the state/territory, license number, and current status of all nursing licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper

13. CURRENT EMPLOYMENT OR PRACTICE SETTING

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

City

Work Phone
() -

State

Zip Code

Employed from (month/year) /

14. Check the practice requirement that you meet for licensure (one option must be marked to be eligible for licensure)

- ☐ I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**
- ☐ I have completed an Arizona Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**
- ☐ I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

15. If your current employment or practice setting is less than 960hrs in the past 5 yrs, list previous employment

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

City

Work Phone
() -

State

Zip Code

Employed from (month/year) / To /

16. OPTIONAL INFORMATION

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Other



17. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? ☐ No ☐ Yes

If yes, **submit with your application a legible copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) ____/____/____

18. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) ____/____/____



DISCIPLINARY QUESTIONS

1. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

2. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

3. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question "no"; you would have to answer "yes" and give details on each conviction.

4. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

FINAL NOTE: If you answer ed "yes" to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

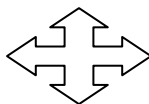
The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action up to and including revocation, taken against an issued license or certificate.
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

*** FOR A TEMPORARY LICENSE: TAPE A COPY OF A CURRENT LICENSE HERE AND COMPLETE THE "REQUEST FOR TEMPORARY LICENSE" FORM**



NO STAPLES PLEASE
SCOTCH TAPE ALL SIDES

REMEMBER TO ENCLOSE A COPY OF DOCUMENTATION OF CITIZENSHIP/NATIONALITY/ALIEN STATUS.

PLEASE STAPLE ALL PAGES OF THE APPLICATION TOGETHER AND MAIL TO:

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150
Our Website: www.azbn.gov

RLED

